Weekly Payroll Termination Notification

ING

ING Life Insurance and Annuity Company is referred to as "we", "us", or "our" in this document.

Fax completed form to:
ING Life Insurance and Annuity Company
151 Farmington Avenue
Hartford, CT 06156-7780
Telephone: 1-877-459-1286
Fax: 1-860-723-9636

Purpose and Instructions

This form is used to notify us of any Participants that have experienced an event impacting their employment and thus their participation under the Plan as indicated below. Once we have been notified through submission of this form that a participant's status entitles him or her to a distribution from his or her account, we will process distributions at the direction of the participant without any further authorization from the Plan or payroll location. Note: A change from full time to part-time employment *(or any similar change)* is not considered an event that makes one eligible for a distribution from the Plan. Mail or fax the completed and signed form to the address/fax number shown above. If there is a problem faxing this form, please call 1-877-459-1286.

Plan Information

Plan Name
Commonwealth of Massachusetts Deferred Compensation Plan

Payroll Information

Work Location *(State, City/Town, or Authority)*	Payroll Location No.	Week Ending *(mm/dd/yyyy)*

Participant Information

Participant Name *(Last, First, Middle Initial)*

Participant Accounts ☐ 666754 *(Non-OBRA)* ☐ 666755 *(OBRA Mandatory)* ☐ 666757 *(OBRA Voluntary)*

Participant Address *(No. & Street / PO Box)*	City/Town	State	Zip Code	Social Security No.	Date of Birth

Employment Status Change	Date of Status Change	Transferring?	If Yes, indicate Work Location *(State, City/Town, or Authority)*
☐ Terminated ☒ Retired ☐ Disability		☐ Yes ☐ No	

Participant Name *(Last, First, Middle Initial)*

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☐ Terminated ☐ Retired ☐ Disability		☐ Yes ☐ No	

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☐ Terminated ☐ Retired ☐ Disability		☐ Yes ☐ No	

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☐ Terminated ☐ Retired ☐ Disability		☐ Yes ☐ No	

Certification

Under penalty of purgery, by signing below, I certify that I have read the Purpose and Instructions section above and that I am authorized to sign this Weekly Payroll Termination Notification form.

Telephone No.

Completed by *(Please print full name and title)*	Signature	Date *(mm/dd/yyyy)*